



BLACKOUT/ CUT-IN ORDER FORM

ABC NETWORK SECTIONAL SALES

DATE SUBMITTED _____

David.Young@disney.com; Andrew.X.Drake@disney.com

PLEASE INDICATE EITHER CUT-IN OR BLACK-OUT

CLIENT _____

ABC NETWORK CONTACT _____

AGENCY CONTACT _____

PHONE _____

E-MAIL _____

BILLING INFORMATION

AGENCY _____

ADDRESS _____

Please complete below indicating Programs and Air Dates/Times

The ABC Television Network assumes no responsibility regarding the execution of Blackout and Cut-in Orders by Affiliated Stations.



CLIENT _____ AGENCY CONTACT _____

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